For Utility/Design CIP/PCT National Original/Substitute/ Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) COMPINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No.: <u>00-02</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL INFORM	MEDICAL INFORMATION MANAGEMENT SYSTEM AND PATIENT INTERFACE APPLIANCE						
the specification of which (Check applicable Box(es)): is attached hereto, was filed on: March 21, 2001 as U.S. Appln. No. was filed as PCT International Application No. PCT/ was amended on:			09/814,143 on	3			
was amen	aca on.						
above. l acknowledge th	e duty to disclose all infor	mation known to me to	ve identified specification, inclu be material to patentability as o	lefined in 37 C.I	F.R. § 1.56.		
below any foreign applic	ation for patent or inventor	r's certificate filed by n	reign application(s) for patent on the or my assignee disclosing the fino priority claimed, before the	subject matter of	claimed in this application	and having a filing	
Prior Foreign Applicati	on(s)	Filed	Date First Laid Open	Dated Pate	ented or	Priority Claimed	
Number(s)	Country	(MM/DD/YY)	or Published	Granted		Yes No	
Turiber(e)	Cognay	(

I hereby claim the benefi	t under Title 35, United St	ates Code, § 119(e) of	any United States provisional ap	oplication(s) list	ed below.		
Number(s)		Filing Date (MM/DI	D/YY)				
60/192,071	· · · · · · · · · · · · · · · · · · ·	March 24, 2000					
listed above or below and disclosed in such prior a	d, if this is a continuation-i	n-part (CIP) application the duty to disclose all	f the indicated United States appon, insofar as the subject matter I information known to me to be ad the national or PCT internation	disclosed and cl material to pate mal filing date o	laimed in this application is entability as defined in 37 of this application:	is in addition to that C.F.R. § 1.56 which	
Application Number		Filing Date (MM/DI	D/YY)	Status (patent	ted, pending, abandone	d)	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected							
herewith: Michael W. F	-						
Address all corresponder	nce to: Michael W. Haas, l	Intellectual Property Co	ounsel, RESPIRONICS, Inc., 15	01 Ardmore Bot	ulevard, Pittsburgh, PA 15		
(1) Inventor's Signature: Date: 6/39/01							
Full Name: Jianguo SUN				Citizenship:	USA		
Residen	e: City: Belmont		State: California		Country: USA		
Post Office Addres		, Belmont, California	94002				
(2) Inventor's Signature	:			Date:			
Full Name: Robert D. CROUCH		Citizenship:	USA				
Residenc			State: Pennsylvania		Country: USA		
Post Office Addres							
Fost Office Address. 170 Modulatiiview Drive, Monocovine, 1 Christylvana 15140							

U.S. Patent Appln. No. <u>09/814.143</u>
Attorney Docket No.: <u>00-02</u>
Title: <u>Medical Information Management System and Patient Interface Appliance</u>

(3) Inventor's Signature:		Date:
Full Name: Eugene N. SCARBERRY		Citizenship: USA
Residence: City: Trafford	State: Pennsylvania	Country: USA
Post Office Address: 208 Terrace Court Road, Trafford, Pennsy	Ivania 15085	
(4) Inventor's Signature:		Date:
Full Name: William J. KAIGLER		Citizenship: USA
Residence: City: North Huntingdon	State: Pennsylvania	Country: USA
Post Office Address: 711 Altman Street, North Huntingdon, Per	nnsylvania 15642	
(5) Inventor's Signature: 5. Tuesshay		Date: / 6/30/01
THE THEORY AND THE THE THEORY AND THE THEORY AND THE THEORY AND THE		
Full Name: Julia TVERSKAYA	I a	Citizenship: USA
Residence: City: Palo Alto	State: California	Country: USA
Post Office Address: 474 West Charleston Road, Palo Alto, Cal	itomia 94306	
(6) Inventor's Signature:	<u></u>	Date: / 5/18/200/
Full Name: Kenny Chitai HUANG		
Residence: City: Sunnyvale	State: California	
Post Office Address: 731 Timberpine Avenue, Sunnyvale, Calif		Country: USA
Tost Office Address. 751 Timocipine Avenue, Sunnyvaie, Cam-	Olina 94080	
	······································	T
(7) Inventor's Signature:		Date: 05/18/2001
Full Name: Andrew KWOK		Citizenship: USA CANADA
Residence: City: Freemont	State: California	Country: USA
Post Office Address: 43622 Skye Road, Freemont, California 94	1539	
(8) Inventor's Signature:		Date:
Full Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:		
(9) Inventor's Signature:		Date:
Full Name:		Citizenship:
· Residence: City:	State:	Country:
Post Office Address:		

For Utility/DesignO CIP/PCT National Original/Substitute/ Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) CO BINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docke No.: <u>00-02</u>

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matter which is clarified	and for which a paic	ant is sought on the inventor					
MEDICAL INFORM	MATION MANAGI	EMENT SYSTEM AND	PATIENT INTERFACE	APPLIANCE			
the anneitantion of whi	ah (Chash aliashla	Pau(as)).					
the specification of whi		Box(es)):					
		001	as U.S. Appln. No	.: 09/814,143			
was filed	as PCT International	Application No. PCT/	as U.S. Appln. No	on			
was ame							
Thomburston that Thou			ve identified specification, incl	udina dha alaima			_
above. Lacknowledge t	e reviewed and under he duty to disclose all	stand the contents of the about	o be material to patentability as	uding the claims, as an defined in 37 C F R &	nended by any amend	ment referr	red to
according a common according to			• • • • • • • • • • • • • • • • • • •	20111100 111 27 011 111: 3	1.50.		
I hereby claim foreign p	riority benefits under	35 U.S.C. 119/365 of any f	oreign application(s) for patent	or inventor's certificate	e listed below and hav	e also iden	tified
below any foreign appli	cation for patent or in	iventor's certificate filed by i	me or my assignee disclosing the if no priority claimed, before the	e subject matter claime	ed in this application	and having	a filing
date (1) before that of the	e application on which	cn priority is claimed, or (2)	ii no priority ciaimed, before d	ie ming date of this ap	plication.		
Prior Foreign Applicat	tion(s)	Filed	Date First Laid Open	Dated Patented	or	Priority C	Claimed
Number(s)	Country	(MM/DD/YY)	or Published	Granted	·.	Yes	No
I hereby claim the benef	fit under Title 35, Uni	ited States Code, § 119(e) of	any United States provisional a	ipplication(s) listed bel	low.		
Number(s)	-	Filing Date (MM/D	D/YY)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-
60/192,071		March 24, 2000		***			
I hereby claim domestic	priority benefit unde	г 35 U.S.C. § 119/120/365 с	of the indicated United States ap	plications listed below	and PCT internation	al applicati	ons
			on, insofar as the subject matte				
			I information known to me to be not international or PCT international or PCT international or PCT international i			J.F.R. § 1.5	6 which
	on the many date of the				арриошион.		
Application Number		Filing Date (MM/D	D/YY)	Status (patented, p	ending, abandoned)	
		<u> </u>					
I harabu daalam that all		da af mu aura baasuladas sa	true and that all statements ma	da : 6	Large 1 in the		16.1
that these statements we	statements made nere ere made with the kno	an of my own knowledge are wledge that willful false stat	ements and the like so made are	ue on information and nunishable by fine or	imprisonment or bot	be true; an h. under Se	a further
1001 of Title 18 of the I	United States Code an	d that such willful false state	ements may jeopardize the valid	lity of the application	or any patent issued t	hereon.	CHOIL
				•			
			ite this application and to trans	ect all business in the P	Patent and Trademark	Office con	nected
herewith: Michael W.	Haas, Reg. No. 35,17	4					
Address all corresponde	nce to: Michael W. F	Haas Intellectual Property Co	ounsel, RESPIRONICS, Inc., 15	OI Ardmore Boulevar	d Dittchurah DA 150	21	
riddiods un corresponde	nee to: Michael W. I	iaas, intencerdar i reperty C	ounsel, Red Romes, ne., 1.	or Aramore Boulevan	a, ritisburgii, rA 152		
(1) Inventor's Signature	: :			Date:			
Fuil Name: Jianguo SUN			Citizenship: Chir	na	_		
Residence		nt	State: California		ntry: USA		
Post Office Addre	ss: 101 Frog Valley	Lane, Belmont, California	94002				
					 -		
(2) Inventor's Signature	e:			Date:			
E 11.1	n.l. 5 000	HOLL		0'4'- 1' 5-5			
	Full Name: Robert D. CROUCH Residence: City: Monroeville State: Pennsylvania			Citizenship: USA Country: USA			
Post Office Addre		iew Drive, Monroeville, Pen	State: Pennsylvania	Cou	ntry: USA		
. ss. office Addic		ion Dirio, montocrine, i cit					

U.S. Patent Appln. No. 09/814,143
Attorney Docket No.: 00-02
Title: Medical Information Management System and Patient Interface Appliance

(3) Inventor's Signature:				Date:		
Full Name:	Eugene N. SCARBERRY			Citizenship:	USA	
Residence:		State:	Pennsylvania		Country:	USA
Post Office Address:	208 Terrace Court Road, Trafford, Pennsy	/Ivania 150				
(4) Inventor's Signature:	July . of				9/17/2	-001
Full Name:	William J. KAIGLER			Citizenship:	USA	
Residence:		State:	Pennsylvania		Country:	USA
Post Office Address:	711 Altman Street, North Huntingdon, Per	nnsylvania	15642			
				T		
(5) Inventor's Signature:				Date:		
Full Name:	Julia TVERSKAYA			Citizenship:	USA	
Residence:	1	State:	California		Country:	USA
Post Office Address:	474 West Charleston Road, Palo Alto, Cal	ifornia 943	306			
(C) I						
(6) Inventor's Signature:				Date:		
Full Name:	Kenny Chitai HUANG	1 6	0.00	Citizenship:	USA	
Residence:	City: Sunnyvale	State:	California		Country:	USA
Post Office Address:	731 Timberpine Avenue, Sunnyvale, Calif	omia 9408	0			
(7) Inventor's Signature:				Date:		
Full Name:	Andrew KWOK			Citizenship:	USA	
Residence:	City: Freemont	State:	California		Country:	USA
Post Office Address:	43622 Skye Road, Freemont, California 94	4539				
(8) Inventor's Signature:				Date:		
Full Name:				Citizenship:		
Residence:	City:	State:			Country:	
Post Office Address:						
(9) Inventor's Signature:				Date:		
Full Name:				Citizenship:		
Residence:	City:	State:			Country:	
Post Office Address:					-	

For Utility/Design CIP/PCT National Original/Substitute Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION OFFICE OFFICE REPAREMENT AND TRADEMARK OFFICE

Atty. Docket No.: <u>00-02</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL INFORMATION MANAGEME	NT SYSTEM AND F	PATIENT INTERFACE A	PPLIANCE	
MEDIOAL IN CHIMATION MANAGEME	LITTOTOTE LITTOT	ATIENT INTERIOR A	LIANOL	
the specification of which (Check applicable Box	<u>(es))</u> :			
is attached hereto, was filed on: March 21, 2001		as U.S. Appln. No.:	09/814 143	
✓ was filed on: March 21, 2001✓ was filed as PCT International App	olication No. PCT/	as o is it ippini i to	on	
I hereby state that I have reviewed and understand	I the contents of the shove	identified specification inclu	ding the claims, as amounted by any	
above. I acknowledge the duty to disclose all info	ormation known to me to b	be material to patentability as d	lefined in 37 C.F.R. § 1.56.	amendment referred to
I hereby claim foreign priority benefits under 35 U below any foreign application for patent or invent	J.S.C. 119/365 of any fore	eign application(s) for patent o	r inventor's certificate listed below a	and have also identified
date (1) before that of the application on which pr	iority is claimed, or (2) if	no priority claimed, before the	filing date of this application.	cation and naving a fining
Discontinuity Assistant Control	l en_a	L Barrier Branchis	75	
Prior Foreign Application(s) Number(s) Country	Filed (MM/DD/YY)	Date First Laid Open or Published	Dated Patented or Granted	Priority Claimed Yes No
realizer(s) Country	(WWW.DD/TT)	Of 1 abilistica	Chanted	
I hereby claim the benefit under Title 35, United 5	States Code, § 119(e) of ar	ny United States provisional ap	pplication(s) listed below.	
Number(s)	Filing Date (MM/DD/	YY)	· · · · · · · · · · · · · · · · · · ·	
60/192,071	March 24, 2000			
	<u> </u>			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
I hereby claim domestic priority benefit under 35 listed above or below and, if this is a continuation	U.S.C. § 119/120/303 01 (-in-part (CIP) application	ne indicated United States app	disclosed and claimed in this applications.	mational applications
disclosed in such prior applications, I acknowledg	e the duty to disclose all i	nformation known to me to be	material to patentability as defined	in 37 C.F.R. § 1.56 which
became available between the filing date of each s	such prior application and	the national or PCT internation	nal filing date of this application:	
Application Number	Filing Date (MM/DD/	YY)	Status (patented, pending, aban	doned)
Otatus (paterited, periolity, abandoned)				
I hereby declars that all statements made barrin of	f my own knowledge ere t	no and that all atataments mad	o on information and ballefore ball	
I hereby declare that all statements made herein of that these statements were made with the knowled	ge that willful false staten	nents and the like so made are	punishable by fine or imprisonment.	eved to be true; and further or both, under Section
1001 of Title 18 of the United States Code and the	at such willful false statem	ents may jeopardize the validi	ty of the application or any patent is	ssued thereon.
And I homby one sind the Collegion address of the	4/	attice and the same		
And I hereby appoint the following attorney(s) and herewith: Michael W. Haas, Reg. No. 35,174	wor agents(s) to prosecute	uns application and to transac	t all business in the Patent and Trad	lemark ()ffice connected
_				ichiaik Office conficced
Address all correspondence to: Michael W. Haas,	Intellectual Property Cou-			
		nsel, RESPIRONICS, Inc., 150	I Ardmore Boulevard, Pittsburgh, I	
		nsel, RESPIRONICS, Inc., 150	1 Ardmore Boulevard, Pittsburgh, I	
(1) Inventor's Signature:			Ol Ardmore Boulevard, Pittsburgh, I	
			Date:	
Full Name: Jianguo SUN Residence: City: Belmont			Date: Citizenship: China	
Full Name: Jianguo SUN Residence: City: Belmont		tate: California	Date:	
Full Name: Jianguo SUN Residence: City: Belmont	S	tate: California	Date: Citizenship: China	
Full Name: Jianguo SUN Residence: City: Belmont Post Office Address: 101 Frog Valley Lar	S	tate: California 002	Date: Citizenship: China Country: USA	
Full Name: Jianguo SUN Residence: City: Belmont	S	tate: California 002	Date: Citizenship: China Country: USA	PA 15221
Full Name: Jianguo SUN Residence: City: Belmont Post Office Address: 101 Frog Valley Lar	e, Belmont, California 94	tate: California 002	Date: Citizenship: China Country: USA	
Full Name: Jianguo SUN Residence: City: Belmont Post Office Address: 101 Frog Valley Lar (2) Inventor's Signature: Full Name: Robert D. CROUCH- Residence: City: Monroeville	se, Belmont, California 94	tate: California 002 tate: Pennsylvania	Date: Citizenship: China Country: USA Date: Oddil	PA 15221

U.S. Patent Appln. No. <u>09/814,143</u>
Attorney Docket No.: <u>00-02</u>
Title: <u>Medical Information Management System and Patient Interface Appliance</u>

(3) Inventor's Signature:		Date:		
Full Name: Eugene N. SCARBERRY		Citizenship: USA		
Residence: City: Trafford	State: Pennsylvania	Country: USA		
Post Office Address: 208 Terrace Court Road, Trafford, Pennsy				
(A) Inventor's Circustum.		December		
(4) Inventor's Signature:		Date:		
Full Name: William J. KAIGLER	r	Citizenship: USA		
Residence: City: North Huntingdon	State: Pennsylvania	Country: USA		
Post Office Address: 711 Altman Street, North Huntingdon, Per	nnsylvania 15642			
	-			
(5) Inventor's Signature:		Date:		
Full Name: Julia TVERSKAYA		Citizenship: USA		
Residence: City: Palo Alto	State: California	Country: USA		
Post Office Address: 474 West Charleston Road, Palo Alto, Cal	ifornia 94306			
(6) Inventor's Signature:		Date:		
Full Name: Kenny Chitai HUANG	· · · · · · · · · · · · · · · · · · ·	Citizenship: USA		
Residence: City: Sunnyvale	State: California	Country: USA		
Post Office Address: 731 Timberpine Avenue, Sunnyvale, California 94086				
(7) Inventor's Signature:		Date:		
Full Name: Andrew KWOK		Citizenship: USA		
Residence: City: Freemont	State: California	Country: USA		
Post Office Address: 43622 Skye Road, Freemont, California 94	4539			
(8) Inventor's Signature:		Date:		
Full Name:		Citizenship:		
Residence: City:	State:	Country:		
Post Office Address:				
(9) Inventor's Signature:		Date:		
Full Name:		Citizenship:		
Residence: City:	State:	Country:		
Post Office Address:				

For Utility/Design **CIP/PCT** National Original/Substitute **Supplemental Declarations**

Rule 53(b) (37 C.F.R. § 1.53(b)) 榔INED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket

No.: 00-02

As a below named inventor, I hereby declare that:

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above. I acknowledge th	ne duty to disclose all infor	mation known to me to	ove identified specification, inco	defined in 37 C	.F.R. § 1.56.	
below any foreign applic	ation for patent or invento	r's certificate filed by a	oreign application(s) for patent me or my assignee disclosing the if no priority claimed, before t	ne subject matter	claimed in this application	ve also identified and having a filing
Prior Foreign Applicati	on(s)	Filed	Date First Laid Open	Dated Pat	ented or	Priority Claimed
Number(s)	Country	(MM/DD/YY)	or Published	Granted		Yes No
					······································	
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Number(s)		Filing Date (MM/D	D/YY)			
60/192,071		March 24, 2000				
disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. § 1.56 became available between the filing date of each such prior application and the national or PCT international filing date of this application: Application Number Filing Date (MM/DD/YY) Status (patented, pending, abandoned)						
in the second se						
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(1) Inventor's Signature:				Date:		
Full Name				Citizenship:	China	
Residence			State: California		Country: USA	
Post Office Address	s: 101 Frog Valley Lane	Belmont, California	94002			
(2) Inventor's Signature:		·		Date:		!
Full Name				Citizenship:	USA	
Residence		iva Manarette B	State: Pennsylvania		Country: USA	
rusi Unice Address	Post Office Address: 176 Mountainview Drive, Monroeville, Pennsylvania 15146					
™ • • • • • • • • • • • • • • • • • • •						

U.S. Patent Appln. No. 09/814.143
Attorney Docket No.: 00-02
Title: Medical Information Management System and Patient Interface Appliance

(3) Inventor's Signature: 1 Eugene M Sea	bery	Date: / 4/13/200/
Full Name: Eugene N. SCARBERRY		Citizenship: USA
Residence: City: Trafford	State: Pennsylvania	Country: USA
Post Office Address: 208 Terrace Court Road, Trafford, Pennsy	Ivania 15085	
(4) Inventor's Signature:		Date:
Full Name: William J. KAIGLER		Citizenship: USA
Residence: City: North Huntingdon	State: Pennsylvania	Country: USA
Post Office Address: 711 Altman Street, North Huntingdon, Pe	nnsylvania 15642	444.
	*	
(5) Inventor's Signature:		Date:
Full Name: Julia TVERSKAYA		Citizenship: USA
Residence: City: Palo Alto	State: California	Country: USA
Post Office Address: 474 West Charleston Road, Palo Alto, Cal	lifomia 94306	
(6) Inventor's Signature:	- Military	Date:
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Residence: City: Sunnyvale Post Office Address: 731 Timberpine Avenue, Sunnyvale, Calif	State: California	Country: USA
Fost Office Address: 731 Thiloerpine Avenue, Sunnyvale, Cam	omia 94086	
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Full Name: Andrew KWOK		Citizenship: USA
Residence: City: Freemont	State: California	Country: USA
Post Office Address: 43622 Skye Road, Freemont, California 9	4539	
(8) Inventor's Signature:		Date:
Fuli Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:		
(9) Inventor's Signature:		Date:
Full Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:		